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APPLICANTS

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*No KML***** CONTINUING DATA ********No KML***** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 04/12/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>Yvonne Lovel</i> Examiner's Signature	Allowance <i>KML</i> Initials			

ADDRESS

30206

TITLE

Method and system for a self-healing query access plan

FILING FEE RECEIVED 1046	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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